

**SCHOOL MEDICATION FORM**  
**PHYSICIAN ORDER AND PARENT AUTHORIZATION 2020-2021**  
 AUSTIN PUBLIC SCHOOLS – ISD 492

Last Name:	First Name:	Middle Initial:
Date of Birth:	School:	Grade:

**HEALTH CARE PROVIDER ORDER**

I hereby request and authorize the administration of the following medication:

Medication Name	Dosage	Time to be Administered	Duration

**ICD-10 Code/Diagnosis:**

Other medications this student is taking:

Other recommendations/ UNUSUAL side effects:

**\*\*If applicable:** Student may carry and self-administer his/her own inhaler/epi-pen?     Yes     No

**Licensed Prescriber Signature:**

**Date:**

**Print Licensed Prescriber Name:**

Telephone:

Clinic Name:

Fax:

Clinic Address:

**PARENT/GUARDIAN AUTHORIZATION**

1. I request that the above medication/treatment/procedure be given during school hours as ordered by this student's licensed prescriber.
2. I release school personnel from any liability in relation to this request when the medication/treatment/procedure is given as ordered.
3. I will notify the school of any change in the medication (dosage change, discontinued medication before the time stated in the health care provider's order).
4. I give permission for school nurse and/or building nurse to consult (both verbally and in writing) with the above named licensed prescriber regarding any questions pertaining to the medical condition and/or medication/treatment/procedure being used to treat the condition.
5. I give permission to the school nurse and/or building nurse to communicate with the student's teachers about the student's health condition, and the action and side effects of this medication/treatment/procedure.
6. Field trips – I give permission for the assigned teacher/responsible adult to dispense the medication on the field trip, as necessary, following school procedures.
7. I understand that if I do not pick up the remaining balance of medication at the end of the school year, it will be destroyed.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student

Telephone

**Fax Numbers**

Austin High School 507-355-2417    Ellis Middle School 507-433-7330    I.J. Holton Intermediate 507-355-1608  
 Woodson 507-437-2012    Banfield 507-437-8662    Neveln 507-355-1722    Southgate 507-433-9651    Sumner 507-434-4003